Mississippi Secretary of State

ADMINISTRATIVE PROCEDURE		Street P. O. Box 136, Jackson, MS 3920	5-0136		
AGENCY NAME State Veterans Affairs Board		CONTACT PERSON Avery Mounger Lee	TELEPHONE NUMBER 601-576-4854		
ADDRESS P.O. Box 5947		CITY Jackson	STATE MS	ZIP 39208	
EMAIL alee@vab.ms.gov	SUBMIT DATE 10/25/10	Name or number of rule(s): Section 4. Advance Directive	Name or number of rule(s): Section 4. Advance Directives		
from the State Veterans Affairs Board	Policy to m	f reason(s) for proposing rule/amendm ake it consistent with policies on Advar	nce Directives and Dietary (
Specific legal authority authorizing th	e promulgat	tion of rule: Miss. Code Ann., Section 35	5-1-27		
List all rules repealed, amended, or su Board Policy	ispended by	the proposed rule: Sustenance Policy	found in Section 4 of State	Veterans Affairs	
ORAL PROCEEDING:		TTP WIND TO THE PARTY OF THE PA			
An oral proceeding is scheduled for	or this rule o	n Date: Time: Place: _	AND		
Presently, an oral proceeding is no	ot scheduled	l on this rule.			
ten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email ad	should be sub- clude the nam dress, and tele	st be held if a written request for an oral proceed mitted to the agency contact person at the above e, address, email address, and telephone numbe phone number of the party or parties you repres ata, and views on the proposed rule/amendmen	e address within twenty (20) days r of the person(s) making the requ sent. At any time within the twen	after the filing of this uest; and, if you are an ity-five (25) day public	
ECONOMIC IMPACT STATEMENT:					
Economic impact statement not re	equired for t	this rule.	conomic impact statement	attached.	
TEMPORARY RULES PRO		PROPOSED ACTION ON RULES	FINAL ACTION ON RULES		
Effective date: Immediately upon filing Other (specify): Other (specify): Adoption by r Proposed date of ad X 30 days after			Action taken: Adopted with no chatchAdopted with changAdopted by referenceWithdrawnRepeal adopted as p Effective date:30 days after filing	ges ce	

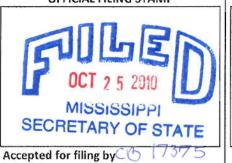
OFFICIAL FILING STAMP

Signature of person authorized to file rules:

Printed name and Title of person authorized to file rules

DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP

Adrian Grice, Executive Director



Accepted for filing by

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